



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CN 712

TRENTON, NEW JERSEY 08625

(609) 588-2600

ALAN J. GIBBS
Commissioner

SAUL M. KILSTEIN
Director

MEDICAID COMMUNICATION NO: 91-21

DATE: September 17, 1991

TO: County Welfare Agency Directors
Medically Needy/New Jersey Care Units

SUBJECT: Expanded Eligibility For Newborns

As a result of changes mandated by the Omnibus Budget Reconciliation Act of 1990, there has been a change in regulations covering Medicaid eligibility for newborn infants.

Previously, any child whose mother was Medicaid eligible at the time of the child's birth was also considered eligible for up to one year, as long as the mother remained eligible and as long as the child remained in the mother's home. Since most AFDC mothers remained eligible after delivering a child, and most Medically Needy, New Jersey Care and many Medicaid Special mothers did not, AFDC children essentially received a one-year guarantee of continued eligibility, while New Jersey Care and Medically Needy infants, and those born to certain Medicaid Special mothers, required that an application be submitted for continuing eligibility beyond the 60-day post-partum eligibility period. The significant difference in the new amendment is inclusion of language which confers continued eligibility to a newborn whose mother was eligible at the time of the delivery, or **would remain eligible if pregnant**. The addition of the phrase "...or would remain eligible if pregnant" provides for continued eligibility for all newborns who were excepted under the language of the previous regulations.

A pregnant woman, once she is found eligible for Medicaid, cannot be found ineligible as a result of any change in circumstances which occurred subsequent to that finding of initial eligibility. Therefore, once the pregnant woman is Medicaid eligible, it is assumed that, unless she dies or moves out of State, she remains eligible as long as she is pregnant. That assumption virtually guarantees her newborn eligibility of up to one year, without requiring that she submit an application, unless she relinquishes custody of the newborn. Of course, the providers have been asked to notify CWAs via a PA-1C of the child's birth, and they have also been advised to urge the mother to provide some formal notification of the child's birth. In the meantime, providers may submit claims under the mother's identification and person number, as in the past, for the 60-day period following the child's birth. By the time the extended eligibility period has elapsed, the CWA should have received notification and assigned the child his/her own person number, which providers may then begin to use for any Medicaid services provided for that child up to the first birthday. The regulatory amendments do not provide any time beyond the extended 60-day period for providers to bill under the mother's person number.

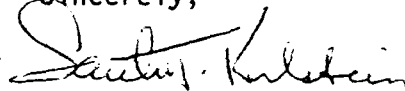
In September of 1989, Medicaid Communication No. 89-21 (copy attached) was issued to address the initial regulations which provided automatic eligibility for newborns. Generally, the instructions provided in this communication remain in force, with the exception of:

- 1) The requirement that Medically Needy, New Jersey Care and Medicaid Special mothers must apply on behalf of the newborn prior to the expiration of the 60-day post-partum period no longer applies. The mother is not obligated to act until the child is approaching his or her first birthday.
- 2) The requirement that the CWA must establish a termination date on the child's eligibility record which coincides with the end of the mother's post-partum eligibility is no longer in effect. The county is not required to leave the child's eligibility record open-ended, but may establish a termination date reflecting the full one-year eligibility period.

These changes do not affect or change the eligibility status of, or requirements imposed upon the mother of the newborn, insofar as establishing continued eligibility for herself or other family members.

Any questions concerning this communication should be referred to the field service staff assigned to your county.

Sincerely,



Saul M. Kilstein
Director

SMK:PSd

Attachment

cc: Marion E. Reitz, Director
Division of Economic Assistance

Nicholas R. Scalera, Director
Division of Youth and Family Services



State of New Jersey

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

ADMINISTRATIVE OFFICES
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12
QUAKERBRIDGE ROAD
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:
CN-712
TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION NO: 89-21 Date: September 11, 1989

**TO: County Welfare Agency Directors
 Medically Needy/New Jersey Care Units**

SUBJECT: Medicaid Eligibility for Newborns

In response to numerous provider and recipient comments and concerns, as well as changes in federal requirements concerning the expeditious eligibility processing and payment of claims for services provided to newborns, the Division has modified its policies concerning the payments of such claims, as well as the process for adding these children to the Medicaid case.

As you are aware, expenses incurred for newborns in the hospital of delivery during the mother's confinement (except inpatient hospital expenses for Medically Needy newborns) are payable under the mother's Medicaid identification number and person number. However, in the past, when the mother was discharged from the hospital, eligibility could not be established for the child until the mother reported the birth to the CWA and provided the necessary documentation to add the child to the case.

In instances where the infant remained hospitalized after the mother's discharge, or needed to be transferred to another medical facility, payments to providers have been delayed if the mother was slow in reporting the child's birth or providing the necessary information. Occasionally, such payments are denied altogether if a critically ill child never left the hospital to join the household and the mother did not report the birth. This has created serious problems for neonatal providers and facilities which handle the most seriously ill newborns requiring the most costly, intensive care.

Under the provisions of federal law, any child who is born to a woman who is receiving Medicaid at the time of delivery is deemed to have applied for, and is eligible for Medicaid for up to one year from the date of birth, unless the mother ceases to be eligible or the child does not reside with her. Federal law also confers continued eligibility to the mother, regardless of income or resources, for 60 days after the birth of a child, even if she would have been otherwise ineligible. Such eligibility continues to the end of the month during which the 60th day occurs. Because the newborn child's eligibility is linked to the mother's at this point, and because the mother generally cannot be ineligible during that 60-day

Any questions concerning this communication should be referred to the field service staff assigned to your county.

Sincerely,

A handwritten signature in dark ink, appearing to read "Saul M. Kilstein". The signature is fluid and cursive, with the first name "Saul" being more prominent.

Saul M. Kilstein
Director

SMK:PSd
Attachment

cc: Marion E. Reitz, Director
Division of Economic Assistance

William Waldman, Director
Division of Youth and Family Services

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PUBLIC ASSISTANCE INQUIRY

Referral for: ☐ SSI ☐ New Jersey Care ☐ Medicaid Only ☐ AFDC ☐ Newborn (complete items 1,2,4,11a,15 only)

TO:

FROM:

(SSA / DO)

(County Welfare Agency)

Hospital

Date:

Sex ☐ M
☐ F

1. Name: _____
(Last) (First) (Middle)

(For newborn referral, enter name and sex of parent.)

2. Social Security Account Number: _____

3. Permanent Home Address: _____ Telephone: _____

4. Marital Status: (Check one) Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Unknown ☐

5. Date of Admission: _____ Date of Birth: _____

6. Address From Which Admitted: _____ Telephone: _____

7. Diagnosis: _____

8. Prognosis: _____

(For SSI disability blindness and AFDC incapacity)

9. Referring Physician: _____ Telephone: _____

10. Spouse: Name: _____ Age: _____ Telephone: _____

Address: _____

11. Minor Children (First Names and Ages): _____

(a) Newborn Data: Name: _____ Date of Birth: _____ Sex ☐ M
☐ F

Mother's HSP (Medicaid) Case No.: _____

12. Next of Kin (If other than Spouse or Children): _____

Address: _____ Telephone: _____

13. Gross Monthly Income of Patient: _____ Source: _____

14. Gross Monthly Income of Family Members: _____

15. Hospital Insurance: Blue Cross ☐ I.D. No.: _____ Medicare ☐ H.I.C. No.: _____

Applicable to Newborn? Yes ☐ No ☐

Other ☐ Carrier Name: _____ Policy No.: _____

16. Employer's Name: _____ Address: _____

17. Name of Spouse's Employer: _____ Address: _____

18. What inquiries have been made regarding financial responsibility for the hospital bill?

What were the results?

19. Does patient, patient's authorized agent, or relatives know that an inquiry is being made for the previously checked program?

Yes ☐ No ☐

20. Whereabouts:

Is client still in hospital? Yes ☐ No ☐

YES, anticipated address upon discharge:

If NO, date of discharge:

Present address if known:

21. Other Comments:

22. The above patient is being cared for in the hospital since _____ on a ward service or general service

Date

basis as to professional and other personal services and I believe that such a patient may be eligible for the previously checked program.

Signature: _____ Title: _____ Date: _____

Signature of Patient or Relative: _____ Date: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that I must furnish certain information to the SSA/DO or the County Welfare Agency to establish eligibility and extent of need for Supplemental Security Income Benefits or public assistance, and that the appropriate agency will help to secure this information and verify it. I will supply complete and accurate information, within my knowledge, to representatives of the SSA/DO or the County Welfare Agency. I hereby authorize and direct my relatives, physician, hospital, employers, bankers, and any other person having information concerning the persons named above to furnish complete details to the appropriate agency investigating my application for such assistance. I understand that the information obtained will be used only in connection with the application for or receipt of assistance.

"I further authorize the Social Security Administration to release benefit information and entitlement dates to the hospital whose name appears on the reverse of this form. I understand the hospital will only use this information for purposes of establishing my eligibility to Medicaid."

Signature: _____ Relationship: _____ Date: _____

IF NOT SIGNED BY PATIENT, EXPLAIN WHY: _____

NOTICE TO THE SSA/DO OR CWA INITIALLY RECEIVING THIS INQUIRY. WHEN IT IS NECESSARY TO REFER THE APPLICANT TO ANOTHER PUBLIC ASSISTANCE AGENCY, INCLUDE AT LEAST A COPY OF THIS PA-IC FORM.